

# Chambers (P. F.)

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## ABORTION AS A CAUSE OF DISEASE OF THE PELVIC ORGANS.\*

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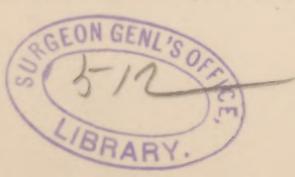
While the formerly accepted doctrine that the uterus is the seat or origin of all pelvic disease will never again be revived, still, that it is responsible for many more disorders than the extreme modern school has taught is beyond a shadow of doubt.

We are again beginning to look upon the diseased uterus as the cause instead of the sequela of ovarian or tubal troubles; and consequently directing our attention toward their cures through the uterus, rather than a cure of the uterine trouble by removal of the ovaries and tubes.

Years ago, Dr. Noeggerath astonished the profession by stating that all the cases of pyosalpinx, as well as many of the other troubles of the female pelvis, were caused by gonorrhœal infection; and, in substantiation of his assertion, said the gonococci could be found in the pus of the tubes. His theory was for a long while not accepted and fortunately never has been so in this country as universally as in Europe, for while we accept his statement as true in many cases, still we have all met with many cases in unmarried, as well as married, women who have had unmistakable pus tubes but who have never had gonorrhœa; and, while among the married women, we have been able to find other apparent causes, among the single women the cause is yet a mystery.

I have found, in my experience, the most frequent cause of pelvic trouble among married women to be abortion and, I might say in

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the majority of cases, abortions artificially or intentionally produced; meaning, by the term abortion, the casting off of a part or the whole of the foetal shell before the viability of the foetus.

Among married women over thirty years of age who have not aborted one or more times, the percentage is very small; and while, with those who have aborted against their wishes, there seems to be little trouble as a consequence, among those upon whom the abortion was intentionally produced the evil results are manifest and numerous. It is exceptional to find a woman who will confess to having an abortion produced who, as a consequence, is not suffering from some serious form of pelvic trouble. And the wonder is not that there are so many such sufferers but that there are not more, when we consider the class upon whom abortions are produced, by whom they are produced and the method of procedure.

In the first place, the operation is usually performed upon a woman who would be disgraced by a known pregnancy; and this fact brings in at once a mental element—fear and a consequent determination to conceal her illness; a determination which can only be carried out by a total disregard of all laws which would be insisted upon in every case of an ordinary operation. She keeps upon her feet and often does more than when perfectly well, feeling that to remain unsuspected she must be over-zealous.

In the second place, the operator is usually a charlatan who works clandestinely—a friend or the patient herself; in any event, a person ignorant of anatomy, of all surgical technique and who, being anxious only to fly the ills that be, is regardless of those she knows not of.

As to the method of procedure, the operations are usually performed clumsily, improperly and without regard to any antiseptic precautions. Close questioning will generally bring the information that the operator used an instrument like a sound, either connected with an electric battery or not, as the case may be, and that no precautions were taken in the way of antisepsis. We all know the dangers of a uterine sound in the hands of the most careful operator upon a comparatively healthy woman, when every antiseptic precaution has been taken. Imagine, then, an unclean sound in the hands of a quack! The proverbial "bull in a china shop" would create less havoc!

What other portion of the body would submit to such treatment? And, at the same time, what part of the body could possibly be put in a more suitable condition for injury or the absorption of septic

matter? A slight glance at the anatomy of the uterus during the early stages of gestation will readily make evident the truth of my statement.

The uterus being congested at each menstrual period, it is enlarged and its mucous membrane thickened and folded upon itself and, should conception take place then, the impregnated ovum acts as a physiological cause for an increased development, not only of the mucous membrane and the muscular walls but also for a hypertrophy of the glands and an increase in size and quantity of the blood vessels; so much so, that there are numbers of venous sinuses formed especially opposite the insertion of the placenta—thereby favoring osmosis and endosmosis. The Fallopian tubes change their position from the apex of the angles on a horizontal line with the pelvis to a much lower plane—to about the upper one third of the uterus—and the openings become much more permeable. But while at parturition the mucous membrane is thrown off by the formation of a new membrane, in abortions, especially during the early months, this is not the case; the membrane then, if exfoliated at all, becomes so by a slower process, often by sloughing, and that, too, in connection with the foetal membranes or placenta.

In normal abortion (if I may so use the term)—that is, those following a contraction of the womb caused by external influences and not mechanical interference—the uterus usually expels the entire contents, the foetus, amnion and chorion, the decidua vera and reflexa; and though a raw surface is left it is, as a rule, attended with little if any trouble; the woman generally takes good care of herself and remains in bed for several days, which allows the uterus to contract, a new membrane to form and the parts to assume their natural functions. An examination a few weeks later will show the uterus normal in position and size, the membranes healthy and the woman perfectly well.

But should the uterus fail to expel the entire contents, as it frequently does! Suppose some of the membranes remain or, if at a more advanced stage, the placenta or a portion of it is left behind! In a week or ten days putrefaction sets in. The patient becomes restless, feels languid or more frequently has a chill followed by fever, loss of appetite and general malaise, showing septic absorption; and these symptoms are the forerunners of a long series of pelvic troubles if not of acute and immediate danger.

The glands, blood vessels and mucous membrane being in the condition above described, an absorption of the septic matter readily

takes place and, as a consequence, we have to deal with catarrhal endometritis by inflammation of the endometrium, metritis by extension of septic matter into the muscular tissue, salpingitis, ovaritis and other peri-uterine inflammations, by further extension of the sepsis through the Fallopian tubes and by the lymphatics.

It not infrequently happens that the doctor is called immediately after the attempt at abortion has been made, and the question naturally arises, what shall be done to prevent further trouble? If the damage done has been great enough to cause the expulsion of the foetal shell, a part of it or even enough to cause its future expulsion, the only thing to be done is to thoroughly empty the uterus as soon as possible, and unquestionably the best method, if in the first two months of gestation, is by the use of divulsors, curette and irrigation with sterilized water. If the abortion occurs after the formation of the placenta, that is after the close of the second month, I prefer to use my fingers for dilating as much as possible, and in addition to the curette the intra-uterine forceps are necessary to empty thoroughly the cavity; in the meantime, of course, practicing very carefully every antiseptic precaution, then putting the woman to bed and keeping her there for at least ten days.

It is not my purpose to enumerate the methods of preventing abortions nor the best methods of producing them, as my paper treats only of abortion as a cause of pelvic disease. To enter into the treatment of the results would embrace the entire field, from the hot vaginal douche to cœliotomy for the removal of the diseased organs.

The fact that we are again accepting the theory that many, if not most of the diseases of the pelvic organs, have as their point of origin some previous, if not present trouble, of the uterus should at least again direct our thoughts toward trying to devise some method of treatment to reach the diseased part through the same channel. There has already been a reaction from the dictum that all cures of diseases of the ovaries and tubes can only be accomplished by extirpation. While I do not wish it understood that I disapprove of operations, still I prefer to be put on record as one who resorts to them only when the simpler means have completely failed; it seems both natural and feasible to attack a disease at its origin, and many of the tubal troubles at least can be entirely cured by the simpler and more conservative method of divulsion, curetting and drainage.

The success of an operation, or the reverse, has heretofore been determined by the *immediate* results, but when it has been possible to

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follow the case as time passed on even the physical results have been found to be far from satisfactory in very many cases.

Again the lowered moral tone coincident with the extirpation of ovaries and Fallopian tubes renders still more imperative our obligation as ministers to the social weal.

Then let us persevere in this good work. Let us perfect our method of treatment of the uterus and appendages through the vagina, so that in a few years it may be as rare an occurrence to remove a Fallopian tube for pyosalpinx as it is nowadays for some of us to leave them, feeling assured that we shall thus best serve the interests of society and science.

I have written this paper not with the idea that I could bring forward a single new thought, but simply to impress the hope that the facts would make it obligatory upon us as honorable members of an honorable profession to do all in our power to discourage the great and growing evil of producing abortions, not only from a moral standpoint but also as one of the most frequent causes of diseases of women.





